

United States Bankruptcy Court
Eastern District of Virginia

In re **Gayle Robyn Mikell**,
Debtor

Case No. **15-35394**

Chapter **13**

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	19,251.88		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		16,082.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		282.27	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7		42,246.59	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			2,837.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,455.00
Total Number of Sheets of ALL Schedules		21			
Total Assets			19,251.88		
Total Liabilities				58,610.86	

United States Bankruptcy Court
Eastern District of Virginia

In re **Gayle Robyn Mikell**,
Debtor

Case No. **15-35394**

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	282.27
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	18,338.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	18,620.27

State the following:

Average Income (from Schedule I, Line 12)	2,837.00
Average Expenses (from Schedule J, Line 22)	2,455.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	3,582.85

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		4,607.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	282.27	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		42,246.59
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		46,853.59

In re **Gayle Robyn Mikell**Case No. **15-35394**

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS - AMENDED

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **Gayle Robyn Mikell**

Case No. **15-35394**

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SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS - AMENDED
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No. xxx3643				2015					
County of Henrico attn: Rhysa G South PO Box 90775 Henrico, VA 23273-7032		-		Personal Property tax					0.00
								282.27	282.27
Account No.									
Account No.									
Account No.									
Account No.									
Account No.									
Subtotal									0.00
(Total of this page)								282.27	282.27
Total									0.00
(Report on Summary of Schedules)								282.27	282.27

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **Gayle Robyn Mikell**Case No. **15-35394**

Debtor

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx xxx3703 ACI Americn Coradius International 2420 Sweet Home Rd Ste 150 Buffalo, NY 14228	-	2015 re: Allied Cash Advance				795.97
Account No. xxxxxxxxxxxx0562 Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130	-	Opened 3/01/15 Last Active 9/17/15 Credit Card				278.00
Account No. xxxx8663 CashnetUSA 200 West Jackson, Suite 1400 Chicago, IL 60606-6941	-	unknown Payday Loan				962.28
Account No. xxxxxxx3096 Contract Callers Inc 1058 Claussen Rd, Ste 110 Augusta, GA 30907	-	unknown re: Dominion VA Power				346.00
Subtotal (Total of this page)						2,382.25

6 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Gayle Robyn Mikell**

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AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxx4138		-	unknown re: Ortho Virginia				22.50
Credit Adjustment Board 8002 Discovery Drive, Ste 311 Henrico, VA 23229							
Account No. xxx-xx-7727		-	2015 Utility				Unknown
DirectTV attn: Bankruptcy Claims PO Box 6550 Englewood, CO 80155-6550							
Account No. xxx-xx-7727		-	unknown Service				Unknown
Elephant Insurance Svcs 140 Eastshore Dr Glen Allen, VA 23059							
Account No. xxx-xx-7727		-	unknown Payday Loan				Unknown
Express Check Advance 2034 Hamilton Place Blvd Suite 100 Chattanooga, TN 37421							
Account No. xxx-xx-7727		-	unknown Student Loans				Unknown
Great Lakes Educational Loans 2401 International Lane Madison, WI 53704							
Sheet no. <u>1</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							22.50
Subtotal (Total of this page)							22.50

B6F (Official Form 6F) (12/07) - Cont.

In re **Gayle Robyn Mikell**

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AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxx0583 Horizon Financial Management 9980 Georgia St. Crown Point, IN 46307-6520	-	9/22/14 re: St. Mary's Hospital				234.91
Account No. xxxxxxxxxx32-70 Liberty Mutual Insurance 175 Berkeley Street Boston, MA 02116	-	2015 Service				332.84
Account No. xxx-xx-7727 MCV Physicians 1601 Willow Lawn Dr, Ste 275 Richmond, VA 23230	-	unknown Medical				Unknown
Account No. xxxxxxxxxxx6156 Nc Financial 200 W Jackson Blvd Ste 2 Chicago, IL 60606	-	Opened 8/01/14 Last Active 4/21/15 Unsecured				2,510.00
Account No. xxxxxxxx87-00 NCEP LLC 112 N Curry St. Carson City, NV 89703	-	10/12/2012 Judgment in Henrico Co GDC				938.00
Sheet no. 2 of 6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,015.75

B6F (Official Form 6F) (12/07) - Cont.

In re **Gayle Robyn Mikell**

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AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx4493 NPAS Solutions PO Box 2248 re: Henrico Doctors Hospital Maryland Heights, MO 63043	-		6/26/14 re: Henrico Doctors Hospital				974.86
Account No. xxxxx-xxxxxxx4138 OrthoVirginia 1115 Boulders Pkwy Suite 200 Richmond, VA 23225	-		unknown Medical				117.82
Account No. xxx3395 Pmab Srvc 435 South Stream Blvd 4th Floor Charlotte, NC 28217	-		Opened 5/01/12 Last Active 5/05/15 re: Continental Emergency Servic				985.00
Account No. xxx3202 Pmab Srvc 435 South Stream Blvd 4th Floor Charlotte, NC 28217	-		Opened 3/01/12 Last Active 5/05/15 re: Continental Emergency Servic				423.00
Account No. xxx9837 Receivables Management System PO Box 8630 re: Elephant Insurance Svcs Richmond, VA 23226	-		unknown re: Elephant Insurance Services				155.04
Sheet no. 3 of 6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							2,655.72

In re **Gayle Robyn Mikell**

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AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxx0583 Receivables Outsourcing PO Box 549 re: St. Mary's Hospital Lutherville Timonium, MD 21094			2015 re: St. Mary's Hospital				204.91
Account No. xxxxx7401 Regional Acceptance Co 1200 E Fire Tower Rd Greenville, NC 27858			Opened 5/01/08 Last Active 10/22/13 Deficiency Balance				5,158.00
Account No. xxx-xx-7727 South University - Richmond 1400 Penn Ave Pittsburgh, PA 15222			2015 Tuition				7,863.00
Account No. xxxx7021 Stark and Stark PLC 5540 Falmouth Street Suite 107 Richmond, VA 23230			unknown Medical				615.29
Account No. xxxx6208 Stellar Recovery Inc 4500 Salisbury Rd Ste 10 Jacksonville, FL 32216			Opened 7/01/15 re: Comcast				77.00
Sheet no. 4 of 6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 13,918.20

B6F (Official Form 6F) (12/07) - Cont.

In re **Gayle Robyn Mikell**

Case No. **15-35394**

Debtor

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxx8440		-	re: Columbia House Dvd				100.00
Trident Asset Management PO Box 888424 Atlanta, GA 30356							
Account No. xxxxxxxxxxxx8581		-	Opened 5/01/13 Last Active 9/30/15 Student Loans				18,338.00
Us Dept Of Ed/glelsi PO Box 7860 Madison, WI 53707							
Account No. xxx-xx-7727		-	unknown Medical				Unknown
VCU Health System -- MCV Hosp. Set-off Debt Section PO Box 980462 Richmond, VA 23298-0462							
Account No. xxxxxxx7 68Y		-	2015 Utility				146.01
Verizon 500 Technology Dr Ste 30 Weldon Spring, MO 63304							
Account No. xx3904		-	5/9/14 Medical				341.58
Virginia Physicians Innsbrook Ancillary Radiology PO Box 70188 Richmond, VA 23225							
Sheet no. <u>5</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							18,925.59

B6F (Official Form 6F) (12/07) - Cont.

In re **Gayle Robyn Mikell**

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AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xx3904			5/29/14				326.58
Virginia Physicians Innsbrook Ancillary Radiology PO Box 70188 Richmond, VA 23225		-	Medical				
Account No.							
Account No.							
Account No.							
Account No.							
Account No.							
Subtotal (Total of this page)							326.58
Total (Report on Summary of Schedules)							42,246.59

Sheet no. 6 of 6 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

United States Bankruptcy Court
Eastern District of Virginia

In re Gayle Robyn Mikell

Debtor(s)

Case No. 15-35394
Chapter 13

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- ☐ Involuntary/Voluntary Petition [Specify reason for amendment: ____]
Check if applicable: ☐ Soc. Sec. No. amended. [If applicable: An original, signed Official Form 121 was mailed/hand-delivered to the Clerk's office on ____.*]
- ☒ Summary of Your Assets and Liabilities (and Certain Statistical Information - Individuals Only)
- ☐ Declaration (Individuals - Form 106Dec) (Non-Individuals - Form 202)
- ☐ Schedule A/B - Property
- ☐ Schedule C - The Property You Claim as Exempt
- ☐ Schedule D - Creditors Who Hold Claims Secured by Property (See LBR 1009-1)
- ☒ Schedule E/F Creditors Who Have Unsecured Claims (See LBR 1009-1)
(\$30.00 fee required if adding or deleting pre-petition creditors, changing amounts owed or classification of debt.) Check applicable statement(s):
- ☒ Creditor(s) added ☐ Creditor(s) deleted
- ☐ Change in amounts owed or classification of debt
- ☐ No pre-petition creditors added/deleted, or amounts owed or classification of debt changed. [Docket: Amended Schedule(s) and/or Statement(s), List(s)-NO FEE]
- ☐ Post-petition creditors added (Schedule of Unpaid Debts)
- REMINDER: Conversion of Chapter 13 to Chapter 7 - only file Schedule of Unpaid Debts.**
- ☐ Schedule G- Executory Contracts and Unexpired Leases
- ☐ Schedule H - Codebtors
- ☐ Schedule I - Your Income
- ☐ Schedule J - Your Expenses

[NOTE: The form "NOTICE TO CREDITOR(S) (RE AMENDMENT)" is still required when adding or deleting creditors.

*Amendment of debtor(s) Social Security Number requires this cover sheet together with a completed Official Form 121 - Statement About Your Social Security Numbers be electronically filed or submitted to the Clerk's Office for 'restricted' entry of the amended Social Security Number into the case record.]

- ☐ Statement of Financial Affairs
- ☐ Statement of Intention for Individuals Filing Under Chapter 7
- ☐ Chapter 11 List of Equity Security Holders
- ☐ Chapter 11: The List of Creditors Who Have the 20 Largest Unsecured Claims Against You Who Are Not Insiders
- ☐ Attorney's Disclosure of Compensation
- ☐ Other: ____

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the United States Trustee, the trustee in this case, and to any and all entities affected by the amendment as follows: ____.

Date: December 3, 2015

/s/ Richard J. Oulton for America Law Group

Richard J. Oulton for America Law Group

Attorney for Debtor(s) [or Pro Se Debtor(s)]

State Bar No.: **29640**

Mailing Address: **America Law Group, Inc. dba Debt Law Group**
America Law Group, Inc. dba Debt Law Group
8501 Mayland Dr., Ste 106
Henrico, VA 23294

Telephone No.: **804-308-0051**

**United States Bankruptcy Court
Eastern District of Virginia**

In re Gayle Robyn Mikell

Debtor(s)

Case No. 15-35394

Chapter 13

TO:

Henrico County
Department of Finance
PO Box 90775
Henrico, VA 23273

Virginia Physicians
Innsbrook Ancillary Radiology
PO Box 70188
Richmond, VA 23255

Verizon
500 Technology Dr. Ste 30
Weldon Spring, MO 63304

Receivables Outsourcing
re: St. Mary's Hospital
PO Box 549
Timonium, MD 21094

NPAS Solutions, LLC
re: Henrico Doctor's Hospital
PO Box 2248
Maryland Heights, MO 63043

Liberty Mutual Insurance
175 Berkeley St.
Boston, MA 02116

Receivables Systems, Inc.
re: Elephant Insurance Svcs
PO Box 8630
Richmond, VA 23226

**NOTICE TO
CREDITOR(S) (RE AMENDMENT)**

NOTICE IS HEREBY GIVEN that an amendment to the above-captioned debtor's schedules has been filed

- ☒ adding you as a creditor,
☐ deleting you as a creditor,
☐ correcting your address

A copy of the amendment is forwarded to you together with this notice.

[If amendment is adding creditor(s)] NOTICE IS FURTHER GIVEN that also forwarded to you together with this notice is a copy of the notice of the meeting of creditors called by the United States Trustee pursuant to Federal Rule of Bankruptcy Procedure 2003, giving the particulars of the case and stating the last date for the filing of claims (*if any was given*), for filing complaints objecting to the discharge and complaints to determine the dischargeability of certain debts; a copy of the discharge of the debtor, *if one has been entered*, a subsequent notice to file claims, *if one has been issued*, and any other filed document affecting the rights of the added creditor(s).

Gayle Robyn Mikell

Date: December 3, 2015

By /s/ Richard J. Oulton for America Law Group

Attorney for Debtor [or *Pro Se* Debtor]

State Bar No.: **29640**

Address: **America Law Group, Inc. dba Debt Law Group
America Law Group, Inc. dba Debt Law Group
8501 Mayland Dr., Ste 106
Henrico, VA 23294**

Telephone No.: **804-308-0051**

CERTIFICATION

I certify that on **December 3, 2015**, I served a copy of the foregoing notice on the United States Trustee, any appointed trustee, and any and all entities affected by the amendment pursuant to Local Bankruptcy Rule 1009-1(A).

/s/ Richard J. Oulton for America Law Group

Richard J. Oulton for America Law Group

Attorney for Debtor [or *Pro Se* Debtor]

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Gayle Robyn Mikell**

Debtor(s)

Case No. **15-35394**

Chapter **13**

**AMENDED
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I certify under penalty of perjury that the foregoing is true and correct.

Date **December 3, 2015**

Signature **/s/ Gayle Robyn Mikell**

Gayle Robyn Mikell

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571